

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Telephone Number

Name of Person Filing ANNE PARRISH

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

NA

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

NA

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NYSNA Benefits

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BCX 12340

Street

City ALBANY

State New York ZIP Code + 4 12212-2430

14.a. Nature of payment.

Travel Reimbursements

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$261

Name of Person Filing ANNE PARRISH

File Number U-

Part C Continuation Page

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NYSNA PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO BOX 12340

Street

City ALBANY

State New York ZIP Code + 4 12212-2430

14.a. Nature of payment.

Travel Reimbursements

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$261

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

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